



**RUN TO REMEMBER**  
**5K RUN – 1 MILE WALK**  
**BENEFITING ILLINOIS**  
**CHAPTER OF C.O.P.S.**  
 (CONCERNS OF POLICE SURVIVOR)

**OPEN TO EVERYONE**  
REGISTRATION DEADLINE:  
**MAY 2<sup>nd</sup> @ 7:45AM**

**SATURDAY – MAY 2, 2009**  
**RUN/WALK STARTS @ 8:00 AM**  
 AT  
**JUNCTION CITY**  
**5901 N. PROSPECT RD.**  
**PEORIA, IL 61614**  
**\$20: ENTRY FEE**

**PARTICIPANTS RECEIVE:**

T-SHIRT SIZE: (CIRCLE ONE)

ADULT                    S M L XL XXL  
 YOUTH                    6-8 10-12 14-16

**PARTICIPATING IN MEMORY OF:**

NOTE: APPLICATION MUST BE RECEIVED BY 4/9 IN ORDER  
 HAVE YOUR OFFICERS NAME LISTED ON THE T-SHIRT.

**E.O.W.**

**MAKE CHECKS PAYABLE TO: RUN TO REMEMBER** – ON MEMO LINE NOTE FOR: IL C.O.P.S.  
*IL C.O.P.S. IS A 501(c)(3) ORGANIZATION*

**MAIL TO:** RUN TO REMEMBER  
 P. O. BOX 414  
 DUNLAP, IL 61525

**PACKET PICK-UP:** **FRI. - MAY 1 (4-7:30 PM)**  
 Cyd's Gourmet Kitchen (inside Junction City)  
 5901 N. Prospect Road Suite 5a  
 PEORIA IL, 61614            (309) 208-7844  
 OR  
**RACE DAY 6:45-7:45**  
**AT JUNCTION CITY**

**AWARDS:**

TROPHIES WILL BE GIVEN TO OVERALL  
 MALE AND FEMALE **RUNNER.**

AWARDS WILL BE GIVEN TO TOP 3 RUNNERS  
 OF EACH MALE AND FEMALE GROUP.

**AGE GROUPS:** 9-14, 15-19, 20-24, 25-29, 30-34, 35-39,  
 40-44, 45-49, 50-54, 55-59, 60 & OLDER



**POLICE CHALLENGE**

**ARE YOU A POLICE OFFICER? IF SO, WHAT DEPT. ARE YOU WITH?**  
 AWARDS GIVEN TO TOP 3 OFFICERS RUNNING:

DEPARTMENT: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_ ZIP: \_\_\_\_\_  
 PHONE #: \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_  
 SEX:    M            F            AGE: (AS OF 5/3) \_\_\_\_\_  
 5K RUN \_\_\_\_\_            1 MILE WALK \_\_\_\_\_

**WAIVER:** I KNOW THAT RUNNING A ROAD/OFF-ROAD RACE IS A POTENTIALLY HAZARDOUS ACTIVITY. I SHOULD NOT ENTER AND WALK/RUN UNLESS I AM MEDICALLY ABLE AND PROPERLY TRAINED. I ASSUME ALL RISKS ASSOCIATED WITH RUNNING/WALKING IN THIS EVENT. HAVING READ THIS WAIVER AND KNOWING THESE FACTS AND IN CONSIDERATION OF YOUR ACCEPTING MY ENTRY, I, FOR MYSELF AND ANYONE ENTITLED TO ACT ON MY BEHALF WAIVE AND RELEASE IL C.O.P.S., ALL VOLUNTEERS AND SPONSORS FROM ALL CLAIMS OR LIABILITIES OF ANY KIND ARISING OUT OF MY PARTICIPATION IN THIS EVENT EVEN THOUGH THAT LIABILITY MAY ARISE OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF THE PERSON NAMED IN THIS WAIVER.

**SIGNATURE:** \_\_\_\_\_

(ALL ENTRIES MUST BE SIGNED BY PARTICIPANT)

**SIGNATURE:** \_\_\_\_\_

(PARENT OR GUARDIAN IF UNDER 18)

**INFORMATION:** THIS IS THE THIRD ANNUAL RUN/WALK TO REMEMBER FALLEN OFFICERS. ALL PROCEEDS TO BENEFIT THE ILLINOIS CHAPTER OF CONCERNS OF POLICE SURVIVORS. AN ORGANIZATION THAT HELPS FAMILIES OF FALLEN OFFICERS TO LIVE, LOVE, RENEW LIFE.

**FOR MORE INFORMATION ON THE RUN/WALK OR THE IL COPS ORGANIZATION, CHECK OUT OUR WEB SITE AT: WWW.ILCOPS.ORG**

**CONTACT:**

**JOE & MARY MULAY**  
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